



Department of Anesthesiology

Name: _____

My gift is ☐ in honor of ☐ in memory of _____

Address: _____

Name and address of person to be notified: _____

Phone: _____

☐ Home ☐ Business ☐ Cell

Email: _____

☐ New contact information above.

Please record my/our pledge in the following amount:

(You will receive reminders each year. Fiscal Year runs July 1 – June 30)

☐ I/We will make a multi/year pledge* of \$ _____ to be paid over _____ years (up to five years) beginning _____.

Year 1 \$ _____

Date _____

Year 4 \$ _____

Date _____

Year 2 \$ _____

Date _____

Year 5 \$ _____

Date _____

Year 3 \$ _____

Date _____

- OR -

Please record my/our gift (or first pledge payment) for this year as follows:

- ☐ A check payable to Washington University is enclosed for \$ _____.
- ☐ Please charge my first pledge payment or one-time gift of \$ _____ to my credit card listed below.
- ☐ I will make a recurring credit card gift as follows until cancelled**:

\$ _____ ☐ annually ☐ quarterly ☐ monthly

***You can change or discontinue your recurring gift at any time by contacting University Advancement at 877-816-2596, 314-935-9678, or annualfund@wustl.edu.*

- ☐ I/We intend to make this gift via*: ☐ a donor advised fund ☐ a family foundation

Name of fund or foundation: _____

**If your gift or pledge will be paid from a donor advised fund or private foundation, your gift will be an "intention" and not a legally binding pledge.*

Credit Card Information:

☐ AmEx ☐ Discover ☐ Mastercard ☐ Visa

Account No. _____ Expiration Date _____

Name on Card (Please Print) _____

Signature _____ Date _____

Direct my gift to:

- ☐ Department of Anesthesiology Unrestricted Fund
- ☐ William D. Owens Anesthesiology Research Fellowship Award Program
- ☐ ASSURE Fellowship Program
- ☐ Washington University Pain Center
- ☐ Specific Physician/Researcher/Professor _____
- ☐ Jennifer Cole International Education Initiative Endowment
- ☐ Other _____

Additional information:

- ☐ I/We prefer this gift remain Anonymous
- ☐ My/employer will match this gift. _____

Name of company – please enclose matching gift form.

Gifts should be made payable to Washington University and are tax deductible to the extent allowed by U.S. and Canadian law. For questions regarding giving to the Dept. of Anesthesiology, please contact Laura Caveny at 314-935-0482 or caveny@wustl.edu. To give online, please visit gifts.wustl.edu/med

Mail this form to: Washington University in St. Louis, MSC 1082-414-2555 7425 Forsyth Blvd, St. Louis, MO 63105